



**COMFORT TRANSPORTATION PTE LTD**

**REPAIR ESTIMATE**

Vehicle No. : SH 8102U  
 Make : Toyota  
 Model : Prius (G4A)

Date: 15/07/2021  
 Insurance: AIG  
 MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			del \$499.90
10	REAR BUMPER CLIPS			del \$22.00
1	REAR BUMPER LOWER COVER			del \$552.60
1	REAR BUMPER TOWING COVER			del \$82.70
1	REAR BUMPER REINFORCEMENT			\$318.80
	<b>SUB TOTAL</b>			\$1,476.00
	<b>LESS 25%</b>			\$369.00
	<b>DISCOUNTED TOTAL</b>			<b>\$1,107.00</b>
	REAR BUMPER ADVERTISEMENT LOGO			del \$50.00
1	REAR BUMPER REVERSE SENSOR			del \$135.70
1	REAR BUMPER RUBBER MAT			del \$50.00
				<b>\$50.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			350 \$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	REMOVE/REFIX REVERSE SENSOR			30 \$60.00
	<b>TOTAL LABOUR</b>			<b>\$760.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$1,917.00</b>

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Taylor 97495745  
 WP 16/7/21 @ 2pm  
 2 days  
 45 survey after repair  
 Taylor@lkkauto.com

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

Team: ARC Repair TP(CLSO)1  
JOB CARD  
COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

Sales Order: 4098908 JC NO.: 305478531

REGN NO.: <b>SH 8102U</b>	MILEAGE
MAKE: <b>TOYOTA</b>	FUEL E.....1/2.....F
MODEL <b>PRIUS HYBRID(G4)</b>	DATE/TIME IN <b>14.07.2021 21:45</b>
YR OF MANU. <b>29.06.2017</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU903560502</b>	COMPLETION DATE/TIME:

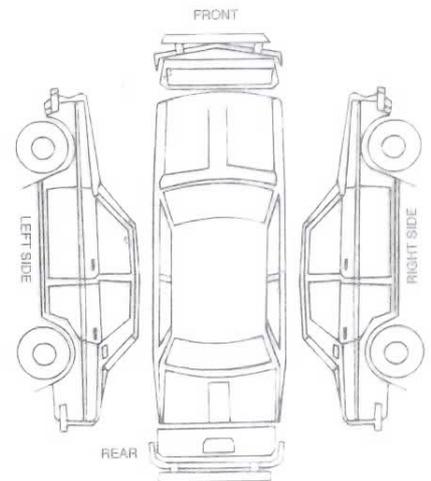
Job Card No.

JOB DESCRIPTION

Accident Date: 14.07.2021  
NATURE: 3P 14.07.2021

S/NO LABOR CODE

DESCRIPTION



ID & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SH 8102U YY

Vehicle No.: SH 8102U

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission	15/07/2021 14:49 (SGT)
Date of Accident	14/07/2021 18:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EUNOS FLYOVER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8102U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96169161
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

### DRIVER

Name of Driver	GOH BENG TECK
NRIC No	SXXXX457B

Date Of Birth	18/11/1967
Occupation	Outdoor
Date Of Driving Pass	15/04/1988
Driving experience	33 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96169161
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 272 PASIR RIS STREET 21 #01-484
Address complement	-
Postcode	510272
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210714/2133

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9292K
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Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	CHARLES
Contact Number	(Phone) +65-96341950
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH BENG TECK
Address	APT BLK 272 PASIR RIS STREET 21 #01-484
Address Complement	-
Post Code	510272
Approximate Age Years Old	53
Injuries Sustained	GIVEN 7 DAYS MC
Injured person in which vehicle?	SH8102U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Handwritten Signature]*

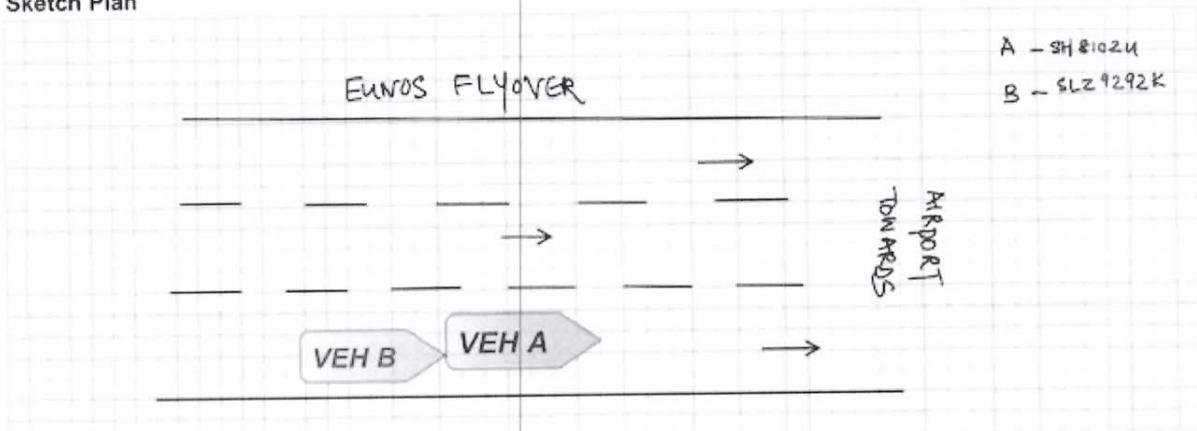
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
 15.07.2021 1000HRS

Witnessed by Reporting Centre Personnel  
 Kyran Young

**Sketch Plan**



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T/20210714/2133

**Declaration**

I/We declare the foregoing particulars are true in every respect

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 15.07.2021 1005 HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Kyan Young





**SINGAPORE  
POLICE FORCE**



T/20210714/2133

2 of 3

Report No. T/20210714/2133

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH BENG TECK	ID No.	S1801457B
Related Vehicle	SH8102U (Car)	Contact No.	96169161
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2021	Date Discharge	14/07/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

On 14/07/2021 at about 1845hrs, I was driving along PIE (Changi) on Eunos Flyover in my taxi (SH 8102U) with a passenger. As the vehicle in front of mine slowed down and came to a stop, I also came to a stop. In a short while when my vehicle was stationary, I felt an impact coming from the rear of my taxi. I then got out to make a check and discovered that another vehicle (SLZ 9292K) had collided onto my taxi.

The other driver gave me his name as Charles and contact no. as 96341950. After that we left the scene and I continued to send my passenger to the destination although I felt unwell, I proceeded to seek medical treatment at Sunshine Clinic Family Practice & Surgery after dropping the passenger off. I was given 7 days of MC dated from 14/07/2021 to 20/07/2021. No police nor ambulance was contacted or attended to the accident.



**SINGAPORE  
POLICE FORCE**



T/20210714/2133

3 of 3

Report No. T/20210714/2133

Police Station Of Origin:  
Changkāt NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 3 LIM TING RUI



Signature Of Informant:



Signature Of Interpreter:  
Not applicable

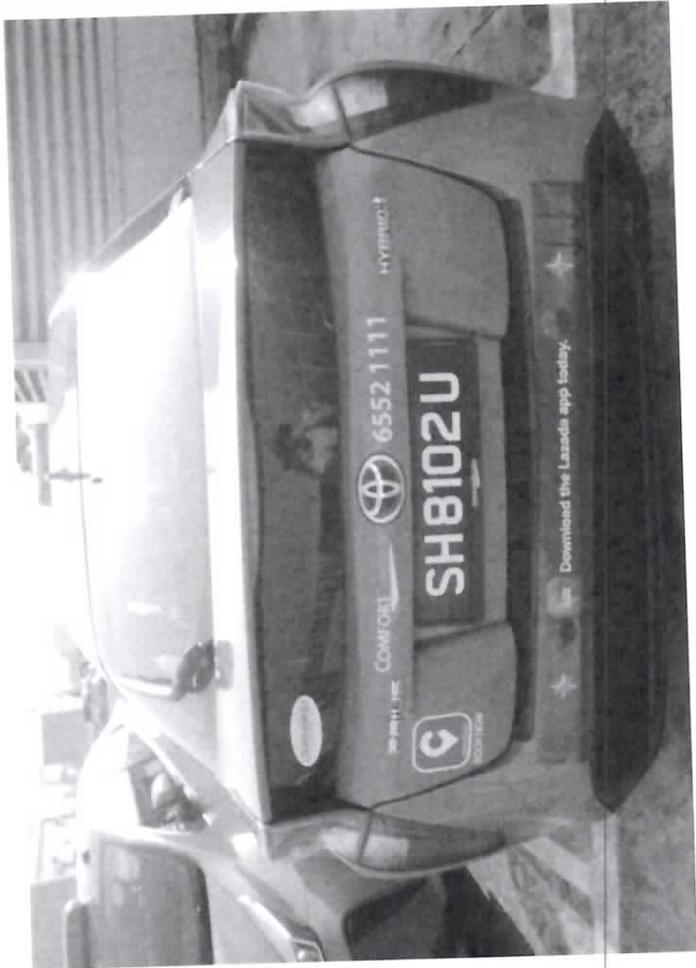
Date/Time:  
14/07/2021 20:51

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168





SLZ9292K 1417 1848

